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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** October 5, 2004

**To:** United States Patent and Trademark Office  
Examiner: Jesse A. Fenty; Art Unit: 2815

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 10/636,162**  
Filing Date: 8/7/2003; First Named Inventor: Hyeon-Seag Kim  
Attorney Docket No.: 0180124

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 12

**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated September 22, 2004.

Thank you.

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Attorney Docket No.: 0180124

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Kim, et al.SERIAL NO.: 10/636.162 FILED: August 7, 2003FOR: Test Structure for Determining Electromigration and Interlayer Dielectric FailureHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	9	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

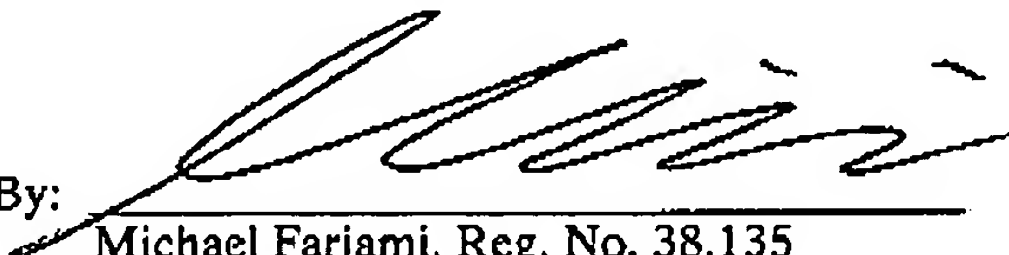
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180124

- ☐ Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/5/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Attorney Docket No.: 0180124

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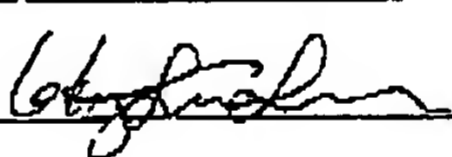
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Date 10/5/2004Signature Name of Person Performing Facsimile Transmission LESTER L. LAM

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Attorney Docket No.: 0180124

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Kim, et al.

Serial No.: 10/636,162

Filed: August 7, 2003

For: Test Structure for Determining  
Electromigration and Interlayer  
Dielectric Failure

Art Unit: 2815

Examiner: Fenty, Jesse A

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**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated September 22, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.